

## **SUPPLEMENTAL MATERIAL**

### **Practice Advisor Focus Group Guide**

#### *Welcome*

Welcome, and thank you so much for participating in this discussion group. We are connecting with you today to talk about your experiences working as an advisor to improve patient care.

#### *About the Moore Foundation project*

This project is being funded by the Moore Foundation. Gordon Moore was the co-founder of Intel, and he and his wife Betty, who was dedicated to improving patient care, fund studies such as this one to explore redesigning health care to focus on patient engagement.

#### *Partnership*

My name is XXXX, and XXXX and I are from Group Health Research Institute in Seattle. We are partnering with the American College of Physicians, the Institute for Patient and Family Centered Care, and the National Partnership for Women & Families. We are all working together to understand how to better engage patients in their health care.

#### *This focus group*

This focus group is to explore how you think about the ways that ambulatory care practices have been partnering with patients and families to improve care. We are looking to understand your experiences and the insights you have gained as a patient or family advisor. You can help us understand what how health care clinics and practices can prepare to work effectively with patient and family advisors in practice redesign and quality improvement. Additionally, you can help us identify how to encourage and support patients and families getting involved as advisors in order to make health care better for everyone.

#### *This information will be used ...*

We are conducting this one telephone focus group with patient/family advisors from across the country. We worked with the Institute for Patient- and Family-Centered Care and the National Partnership for Women & Families to identify individuals who are patient and/or family advisors to participate. You represent a diverse group from a variety of backgrounds and experiences.

We will use this information for two purposes: to design a survey to assess how doctors and their teams provide patient- and family-centered care, and how they engage patients in their care. Additionally, this group will inform the survey about strategies and approaches for doctors and their teams to develop strong partnerships with patient and family advisors in quality improvement and redesign. The goal is for the survey results to be useful in helping doctors redesign the way they and their practice provide care to really engage patients and their families.

Any questions about the purpose of the focus group?

Some logistics and housekeeping:

- This discussion should last an hour or an hour and half.
- You will receive \$<> as a thank you for participating. Your incentive will be <distribution method>.
- We ask that you don't talk about the specifics of our conversations outside this call in order to protect the confidentiality of all participants.
- We will make an audio record of our conversation today. Any identifying information you share will be cleaned from the record so that your quotes are anonymous.
- This is a voluntary activity. You may choose not to answer any questions and you are free to hang up at any time.
- Finally, we want to establish some basic ground rules for our conversation, we have started with a few but we also want to see if there are others you think we should add.
  - There are no wrong answers, everyone's opinions and experiences count.
  - Be respectful of other participants; make sure others are done talking before you jump in.
  - Keep information shared today confidential, especially specific details or experiences.
  - All the people on this call are the "right" people—we selected you all because you have important insights to contribute
- Are there any other ground rules you think would be good to discuss? Are you comfortable with these?
- If several people want to talk at once I'll try to keep track of those waiting and call on you once the person talking has finished. Also, I will call on people if no one is jumping in or if we aren't hearing much from particular people.

OK, I think that is it, any questions before we start?

1. **First, we would like you to introduce yourselves.** Would you briefly tell us: 1) your first name or what you would like to be called, 2) where you have served as a patient and family advisor and for how long 3) why you chose to participate in this discussion group, 4) and one thing that will help us remember you (a hobby, interest, how you spend your time).
2. **Could you talk a little bit about your experience as a patient/family advisor?**
  - a. How did you become a patient or family advisor?
  - b. Why did you become an advisor?
  - c. What types of training and preparation did you get?
  - d. What do you do as a patient or family advisor?
    - i. What kinds of committees, councils, or other collaborative groups have you served on?
    - ii. In which of these groups have you found your participation to be most meaningful?
  - e. What issues have advisors worked on with the practice?
  - f. How do you know that your contributions are valued by the practice?
  - g. What have you seen that your practice has done to integrate patient and family advisors effectively? Or what hasn't worked so well?
  - h. How do you think partnering with patient and family advisors in these ways has changed and/or improved the care patients and their family members

receive?

- i. What concerns do you have about your role as a patient or family advisor?
- j. Are there other lessons learned about being a patient or family advisor that you want to share?

3. **What are ways – some specific actions - that you think might help the practice you work with to provide care that is more Patient- and Family- Centered?**

PROBES (if there is little to no response)

- a. What are some other changes that would help the clinic's patients or family members feel they were being treated with **dignity and respect**?
  - b. What other things could the practice do to **provide useful information in a helpful manner** to all patients and families receiving care at your clinic?
  - c. What are some other things the practice could do to ensure that patients are encouraged and better supported to **participate in their care and decision-making**?
  - d. What are some other ways the practice could promote the idea of collaborating with patients and family members as advisors and invite them **to help them make changes and improve the care experience for all**?
4. What do you think is the most effective way for practices to let patients and families know that the practice is interested in partnering with them on improving the practice?
  5. What, if anything, do you think could be done to better prepare patients and or family members to productively partner as advisors with the practice?
  6. How should practices prepare physicians and staff to partner with patient and family advisors?
  7. What things have made it difficult for patients and families to participate as advisors?
  8. How should practices evaluate the effectiveness of partnerships with patient and family advisors?
  9. What is one change in practice that has been made in partnership with advisors that you are particularly proud of?
  10. Is there anything else you would like to share that we have not asked?

Thank you for your participation. You have helped us understand the unique role patient and family advisors play in improving quality and the care experience. Your insights will help us in the development of the survey instrument for doctors and in sharing what really works to support patients and families in the role of advisors as improvement partners with the health care professionals.